

**TOWN OF DAVIE**  
**TOWN COUNCIL AGENDA REPORT**

**TO:** Mayor and Councilmembers

**FROM/PHONE:** Giovanni Moss, Director, Housing and Community Development,  
954-797-1226

**PREPARED BY:** Burton Spiwak, Programs Specialist, Housing and Community  
Development

**SUBJECT:** Resolution

**AFFECTED DISTRICT:** Town Wide

**ITEM REQUEST:** Schedule for Council Meeting

**TITLE OF AGENDA ITEM:** BID - A RESOLUTION OF THE TOWN OF DAVIE, FLORIDA, ACCEPTING THE BID FROM ORANGE PEST CONTROL TO PROVIDE TERMITE INSPECTION SERVICES FOR THE NEIGHBORHOOD STABILIZATION PROGRAM (NSP).

**REPORT IN BRIEF:** The Town solicited bids to provide termite inspection services required by DCA under the Neighborhood Stabilization Program (NSP). The solicitation was advertised statewide in Florida Bid Reporting and nationally in BidNet and also posted on the Town's website. The Bid Specification Committee has concurred with the selection of Orange Pest Control as the firm submitting the lowest bid to provide the required services.

**PREVIOUS ACTIONS:** Resolution R-2009-71 approved on April 1, 2009 authorizing the Mayor to execute an Application and Housing Assistance Plan requesting \$2,316,292 in NSP funds; Ordinance 2009-13, approved on May 20, 2009 approved the budget amendment providing the funding for the NSP Program.

**CONCURRENCES:** The Bid Specification Committee, the Director of Housing & Community Development, and the NSP consultant all agree with the recommendation to award to Orange Pest Control as the lowest bidder.

**FISCAL IMPACT:** Yes

Has request been budgeted? Yes

If yes, expected cost: In accordance with unit prices identified in the attached bid tabulation.

Account name and number: NSP Contractual Services - 011-1607-554-03.06

If no, amount needed: \$

What account name and number will funds be appropriated from:

Additional Comments: This is a State funded program.

**RECOMMENDATION(S):** Motion to approve resolution

**Attachment(s):** Resolution, NSP Consultant's Recommendation Letter, Resolution, Procurement Authorization, Selection Committee Ranking Sheet, Incorporation Information,

RESOLUTION \_\_\_\_\_

A RESOLUTION OF THE TOWN OF DAVIE, FLORIDA,  
ACCEPTING THE BID FROM ORANGE PEST CONTROL TO  
PROVIDE TERMITE INSPECTION SERVICES FOR THE  
NEIGHBORHOOD STABILIZATION PROGRAM (NSP).

WHEREAS, the Town is in need of termite inspection services for the  
Neighborhood Stabilization Program; and

WHEREAS, the Town solicited bids for such services; and

WHEREAS, after review, the Town Council accepts the bid from Orange Pest  
Control.

NOW, THEREFORE, BE IT RESOLVED BY THE TOWN COUNCIL OF THE TOWN  
OF DAVIE, FLORIDA:

SECTION 1. The Town Council of the Town of Davie does hereby accept the bid  
from Orange Pest Control in accordance with unit prices identified in the attached bid  
tabulation.

SECTION 2. The Town Council hereby authorizes the expenditure from the  
NSP-contractual services account.

SECTION 3. This Resolution shall take effect immediately upon its passage and  
adoption.

PASSED AND ADOPTED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 2010

\_\_\_\_\_  
MAYOR/COUNCILMEMBER

ATTEST:

\_\_\_\_\_  
TOWN CLERK

APPROVED THIS \_\_\_\_ DAY OF \_\_\_\_\_, 2010

# TOWN OF DAVIE PROCUREMENT AUTHORIZATION

<b>ACCOUNT NUMBER.</b>	<b>BUDGET ITEM &amp; DESCRIPTION</b>	<b>APPROXIMATE COST</b>
011-1607-554-03.06	NSP Termite Inspection Services Provider	To Be Determined by Bid

**METHOD OF PROCUREMENT** (check the one that applies)

- ☒ Open Competitive Bidding  
☐ Piggyback on Contract Number \_\_\_\_\_  
☐ Sole Source or Single Source  
☐ Request For Proposals

**SPECIFICATIONS & LIST OF VENDORS MUST BE ATTACHED**

Signed \_\_\_\_\_  
 Department Head

Have Funds been Reserved N/A - NO AMOUNT SPECIFIED

Date 10/21/09 Signed [Signature]

Signed \_\_\_\_\_  
 Town Administrator

<u>BIDS SUBMITTED</u>	
VENDOR	COST
<u>ORANGE PEST CONTROL</u> <u>TERMINIX</u>	<u>&gt;</u> <u>SEIS ATTACHED</u> <u>BID TABULATION</u>

Signed \_\_\_\_\_  
 Procurement Manager

<u>BID SPECIFICATION COMMITTEE'S RECOMMENDATION</u>	
Vendor	Cost
<u>ORANGE PEST CONTROL</u>	<u>PER ATTACHED</u> <u>BID TABULATION</u>

BID OPENING REPORT

BID NAME: Termite Inspection Services  
NSP  
 BID NUMBER: B-09-150

TIME: 2:05pm

DATE: 11-18-09

ESTIMATED COST: \_\_\_\_\_

NO.	CONTRACTOR'S NAME	BID AMOUNT	COMMERCIAL RANKING
1.	<u>Orange Pest Control</u>	<u>A. 50.00</u> <u>B. 100.00</u>	
2.	<u>Terminix</u>	<u>A. 140.00</u> <u>B. 150.00</u>	
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

REMARKS

A. Under 2000 sq. ft. SPECS SENT TO TWENTY-THREE (23) PROSPECT  
B. Over 2000 sq. ft. BIDDERS

TOWN REC'D TWO (2) BIDS.

NOTE: THE ABOVE BID AMOUNTS HAVE NOT BEEN CHECKED, AND BID TOTALS ARE SUBJECT TO CORRECTION AFTER THE BIDS HAVE BEEN COMPLETELY REVIEWED.

THIS IS ONLY A FINANCIAL RANKING OF ALL THE BIDS RECEIVED. THE USING DEPARTMENT IS RESPONSIBLE FOR REVIEWING THE BIDS FOR COMPLIANCE WITH ALL THE BID SPECIFICATIONS PRIOR TO SUBMITTAL OF LETTER OF RECOMMENDATION.

PURCHASING OFFICIAL

Elena Blackwell

DATE: 11-18-09

WITNESS:

Angie Salinas

DATE: 11-18-09



# FRED FOX ENTERPRISES, INC

*Providing Grant Writing and Administration Services*

December 11, 2009

Mr. Giovanni Moss, Director  
Housing and Community Development  
Town of Davie  
4700 Davie Road, Suite D  
Davie, Florida 33314

RE: Town of Davie NSP CDBG Agreement #10DB-4X-11-16-02-F08  
Recommendations for Acquisition Services

Dear Mr. Moss:

Please find below Fred Fox Enterprises recommendations related to bids for acquisition services:

Title and Closing Services Bid #-09-149- Fred Fox Enterprises, Inc. recommends the Town Council approve the lowest qualified bidder North American Title Company in the amount of:

Contract Sum Per Title Search \$175.00

Contract Sum Per Closing cost \$195.00,

Contract Sum Per Title Insurance Policy \$5.75/\$1,000 on first \$100,000 and \$5.00/\$1,000 on the premium between \$100,001 to \$1,000,000

Termite Inspection Services Bid #-09-150- Fred Fox Enterprises, Inc. recommends the Town Council approve the lowest qualified bidder Orange Pest Control in the amount of:  
\$ 50.00 per Termite Inspection Single Family Properties 2,000 sq ft or less,  
\$ 60.00 per Termite Inspection Single Family Properties 2,001 sq ft to 3,000 sq ft

Radon Gas Inspection Services Bid #-09-151 - Fred Fox Enterprises, Inc. recommends the Town Council approve the lowest qualified bidder EnHealth Environmental, Inc (EHE) in the amount of:

\$ 350.00 per Radon Inspection Single Family Properties 2,000 sq ft or less,

\$ 350.00 per Radon Inspection Single Family Properties 2,001 sq ft to 3,000 sq ft

Phase I Environmental Assessment Services Bid #-09-152- Fred Fox Enterprises, Inc. recommends the Town Council approve the lowest qualified bidder Land Design South of Florida Inc. in the amount of: \$ 850.00 per Phase I Environmental Assessment.

Lead Paint Inspection Services Bid #-09-154- Fred Fox Enterprises, Inc. recommends the Town Council approve the lowest qualified bidder Pb03 Environmental Testing in the amount of:

\$ 250.00 2,000 sq ft or less single family property Lead Inspection  
\$ 8.00 2,000 sq ft or less single family property Risk Assessment  
\$ 235.00 2,000 sq ft or less single family property Clearance Test

\$ 250.00 2,001 sq ft -3,000 sq ft single family property Lead Inspection  
\$ 8.00 2,001 sq ft -3,000 sq ft single family property Risk Assessment  
\$ 235.00 2,001 sq ft -3,000 sq ft single family property Clearance Test

Chinese Drywall Inspection Services Bid #-09-155- Fred Fox Enterprises, Inc. recommends the Town Council approve the lowest qualified bidder Greentree Environmental Services, Inc. in the amount of:

\$ 150.00 per Chinese Drywall Inspection Single Family Properties 2,000 sq ft or less  
\$ 200.00 per Chinese Drywall Inspection Single Family Properties 2,001 sq ft to 3,000 sq ft

Asbestos Inspection Services Bid #-09-156- Fred Fox Enterprises, Inc. recommends the Town Council approve the lowest qualified bidder GFA International in the amount of:

\$ 300.00 per Asbestos Inspection Single Family Properties 2,000 sq ft or less  
\$ 75.00 per Asbestos Clearance Inspection Single Family Properties 2,000 sq ft or less

\$350.00 per Asbestos Inspection Single Family Properties 2,001 sq ft to 3,000 sq ft  
\$ 75.00 per Asbestos Clearance Inspection Single Family Properties 2,001 sq ft to 3,000 sq ft

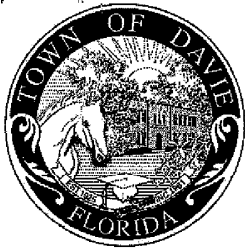
If you have any questions please feel free to contact my office at (904) 810-5183.

Sincerely,

*Fred D. Fox*

Fred D. Fox  
Consultant





**HOUSING AND COMMUNITY DEVELOPMENT**

**4700 SW 64<sup>TH</sup> AVENUE- SUITE D**

**DAVIE, FLORIDA 33314**

**PHONE: (954) 797-1173 FAX: (954) 797-2058 WWW.DAVIE-FL.GOV**

**Memorandum**

**TO:** Herb Hyman, Procurement Manager

**FROM:** Burton Spiwak, Programs Specialist *BS*

**SUBJECT:** Selection – Termite Inspection Services, Neighborhood Stabilization Program (NSP) Bid #-09-150

**DATE:** December 28, 2009

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We concur with the Consultant's review and recommendation to award Orange Pest Control the termite inspection services for the Town's Neighborhood Stabilization Program.

If you have any questions, please do not hesitate to call me at 954-797-1857.

<b>Termite Inspection Services- NSP - B-09-150</b>		
	Orange Pest Control	Terminix
<u>Item and Description</u>	<u>Total Price</u>	<u>Total Price</u>
Proposed Contract Sum per Inspection of a Single Family Property 2000 sq ft or less	\$150.00	\$275.00
Proposed Contract Sum per Inspection of a Single Family Property between 2001 sq ft and 3000 sq ft	\$200.00	\$325.00
	visual only	
TOTAL	\$350.00	\$600.00

**Request for Taxpayer  
Identification Number and Certification**

Give form to the  
requester. Do not  
send to the IRS.

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return) <b>Orange Pest Control + Services, Inc.</b>	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶	
	Address (number, street, and apt. or suite no.) <b>977 NW 31st Avenue</b>	
	City, state, and ZIP code <b>Pompano Beach, FL 33069</b>	
List account number(s) here (optional)		Requester's name and address (optional)

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number								
OR								
Employer identification number								
<b>6540141728104</b>								

**Part II Certification**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. person (including a U.S. resident alien).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign Here	Signature of U.S. person ▶ <b>[Signature]</b>	Date ▶ <b>November 13, 2009</b>
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**Purpose of Form**

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

**U.S. person.** Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

**Town of Davie  
Vendor/Bidder Disclosure**

I, Sal Langberg, being first duly sworn state that:  
The full legal name and business address of the person(s) or entity contracting with the  
Town of Davie ("Town") are as follows (Post Office addresses are not acceptable):

Name of Individual, Firm, or Organization: Orange Pest Control  
Address: 977 NW 31 Avenue  
Pompano Beach, FL 33069  
FEIN 65-0472804  
State and date of incorporation Florida February 2809

**OWNERSHIP DISCLOSURE AFFIDAVIT**

1. If the contract or business transaction is with a corporation, the full legal name and business address shall be provided for each officer and director and each stockholder who directly or indirectly holds five percent (5%) or more of the corporation's stock. If the contract or business transaction is with a trust, the full name and address shall be provided for each trustee and each beneficiary. All such names and address are as follows (Post Office addresses are not acceptable):

Names, Addresses, and Titles of Individual Who Will Lobby:

Full Legal Name	Address	Ownership
<u>Salvador Ezequiel Langberg</u>	<u>16540 Saddle Club Road</u>	<u>100</u> %
	<u>Weston, FL 33326</u>	%
		%
		%

2. The full legal names and business addresses of any other individual (other than subcontractors, materialmen, suppliers, laborers, and lenders) who have, or will have, any legal, equitable, or beneficial interest in the contract or business transaction with the Town are as follows (Post Office addresses are not acceptable):

Full Legal Name

Address

N/A

By:

Signature of Affiant

Sal Langberg

Print Name

Date: November 13, 2009

SUBSCRIBED AND SWORN TO or affirmed before me this 13 day of November 2009, by Sal Langberg, he/she is personally known to me or has presented as identification.

Jessica-Clare Silva Saldana

Notary Public, State of Florida at Large

Jessica-Clare Silva Saldana

Print or Stamp of Notary

DD 856413

Serial Number

My Commission Expires: February 1, 2013



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## Detail by Entity Name

### Florida Profit Corporation

ORANGE PEST CONTROL & SERVICES, INC.

### Filing Information

Document Number P94000015465  
FEI/EIN Number 650472804  
Date Filed 02/25/1994  
State FL  
Status ACTIVE  
Last Event CANCEL ADM DISS/REV  
Event Date Filed 10/17/2003  
Event Effective Date NONE

### Principal Address

977 NW 31ST AVE  
POMPANO BEACH FL 33069

Changed 09/26/2007

### Mailing Address

977 NW 31ST AVE  
POMPANO BEACH FL 33069

Changed 04/16/2009

### Registered Agent Name & Address

LANGBERG, SALO E  
16540 SADDLE CLUB RD  
WESTON FL 33326 US

Name Changed: 04/01/2005

Address Changed: 04/16/2009

### Officer/Director Detail

#### Name & Address

Title P

LANGBERG, SALO E  
16540 SADDLE CLUB RD  
WESTON FL 33326

### Annual Reports

Report Year Filed Date

2007      02/20/2007  
2008      04/06/2008  
2009      04/16/2009

### **Document Images**

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<a href="#"><u>04/06/2008 -- ANNUAL REPORT</u></a>	<a href="#">View image in PDF format</a>
<a href="#"><u>09/26/2007 -- Reg. Agent Change</u></a>	<a href="#">View image in PDF format</a>
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<a href="#"><u>10/17/2003 -- REINSTATEMENT</u></a>	<a href="#">View image in PDF format</a>
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<a href="#"><u>04/03/1997 -- ANNUAL REPORT</u></a>	<a href="#">View image in PDF format</a>
<a href="#"><u>04/25/1996 -- ANNUAL REPORT</u></a>	<a href="#">View image in PDF format</a>
<a href="#"><u>07/31/1995 -- ANNUAL REPORT</u></a>	<a href="#">View image in PDF format</a>

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